


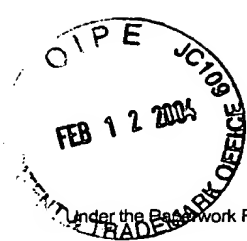
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) M4065.0112/P112-A	
		In re Application of Howard E. Rhodes	
		Application Number 09/686,943-Conf. #5424	Filed October 12, 2000
		For MICROLENS ARRAY WITH IMPROVED FILL FACTOR	
		Art Unit 2823	Examiner K. D. Nguyen
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 330.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-1073. I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the			
<input type="checkbox"/> applicant /inventor		Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Thomas J. D'Amico Typed or printed name	
<input type="checkbox"/> attorney or agent of record. Registration number		(202) 828-2232 Telephone number	
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 28,371		February 12, 2004 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of 1 forms are submitted.			

02/17/2004 WABRHAM1 00000091 09686943

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330.00 OP



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1/200

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/686,943-Conf. #5424
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 12, 2000
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Howard E. Rhodes
		Examiner Name	K. D. Nguyen
330.00		Art Unit	2823
		Attorney Docket No.	M4065.0112/P112-A

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code		
Fee (\$)	Fee (\$)		
Fee Description	Fee Paid		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =			
Multiple Dependent				
Large Entity	Small Entity			
Fee Code	Fee Code	Fee Description		
Fee (\$)	Fee (\$)			
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 86	2204 43	** Reissue independent claims over original patent		
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371
Signature		Telephone	(202) 828-2232
		Date	February 12, 2004